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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. SMART TD PAC 24950 Country Club Blvd, Ste 340 ADDRESS (number and street) (Check if address is changed) North Olmsted 44070 ОН CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS TDPac@smart-union.org (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) https://smart-union.org/td/ (Check if address is changed) DATE 2015 C00001636 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Leonard, Brent C., , , Type or Print Name of Treasurer Leonard, Brent C., , , [Electronically Filed] 10 2019 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: **FEC FORM 1** Federal Election Commission Use

Toll Free 800-424-9530 Only Local 202-694-1100

(Revised 06/2012)

FEC <b>F</b>	orm 1 (Revised 02/2009)	Page <b>2</b>
	COMMITTEE te Committee:	
(a)	This committee is a principal campaign committee. (Complete the candidate information below.)	)
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Cominformation below.)	plete the candidate
Name of Candidate		
Candidate Party Affilia	tion Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Co	mmittee:  (National, State	(Democratic,
(d)	This committee is a or subordinate) committee of the	Republican, etc.) Party.
Political	Action Committee (PAC):	
(e) <b>x</b>	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nnected organization is a
	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	egregated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fun	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
Сог	nmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number C	
4		

FEC <b>Form 1</b> (Revised	02/2009)	Page <b>3</b>
Write or Type Committee Nam		r age 3
SMART TD PA		
	Organization, Affiliated Committee, Joint Fundraising Representative, or Leader	snip PAC Sponsor
SMART TD		
Mailing Address	24950 Country Club Blvd, Ste 340	
	North Olmsted OH 44070	
	CITY STATE	ZIP CODE
Relationship: x Connecte	ed Organization Affiliated Committee Joint Fundraising Representative L	eadership PAC Sponsor
Custodian of Records: Ide books and records.	entify by name, address (phone number optional) and position of the person in po	ossession of committee
Full Name		
Mailing Address		
Title or Position	CITY STATE	ZIP CODE
	Telephone number	
Treasurer: List the name at any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the n assistant treasurer).	ame and address of
Full Name Leonard, of Treasurer	Brent C., , ,	<b>.</b>
Mailing Address	24950 Country Club Blvd, Ste 340	
ÿ		
	North Olmsted OH 44070	
Title or Position	CITY STATE	ZIP CODE
National Treasurer	Telephone number 216 - L	228 9400

	(Revised 02/2009)	Page <b>4</b>
Full Name of Designated Agent		
Mailing Address		
	CITY STATE ZII	P CODE
Title or Position	Telephone number	
safety deposit boxes  Name of Bank, Depo		
Name of Bank, Depo	ository, etc.	
Name of Bank, Depo	ository, etc.	
Name of Bank, Depo	ository, etc.	
Name of Bank, Depo	Cleveland  Ository, etc.  OH 44114	IP CODE
Name of Bank, Depo	City State Zi	IP CODE
Name of Bank, Depo	City State Zi	IP CODE
Name of Bank, Depo	ository, etc.  Fifth Third Bank  600 Superior Avenue E  Cleveland  CITY  STATE  ZI  Central Bank	IP CODE

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

(h). <b>Joint Fundraisin</b> ç	g Participant:				
1.			FEC ID num	_ =	
2.			FEC ID nun	nber C	
3.			FEC ID num	nber C	
4			FEC ID num	nber C	
lame of Any Connected (	Organization, Affilia	ted Committee, Joint Fu	ndraising Represe	ntative, or	Leadership PAC Spon
Mailing Address					
Relationship:		CITY A	STA	TE 🛦	ZIP CODE ▲
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esignated Agent: Identify  Full Name	by name, address (	phone number – optional			
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

rganization, Affiliate	d Committee, Joint I	FEC ID I	number ( number ( number (	or Leadership PAC Spon
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<i>r</i>	CITY A	SI	TATE A	ZIP CODE ▲
		Telephone Nun	nber	_  -   -
		Organization Affiliated Committee  by name, address (phone number – options	Organization Affiliated Committee Joint Fundraising Figure 1. State of the Committee Affiliated Committee Doint Fundraising Figure 2. State of the Committee Doint Fundraising Figure 3. State of the Committee Do	Organization Affiliated Committee Joint Fundraising Representative by name, address (phone number – optional)  CITY   STATE   STATE

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

(h). Joint Fundraisin	g Participant:				
1.			FEC II	D number	C
2.			FEC II	D number	С
3.			FEC II	D number	С
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Mailing Address					
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	d Organization	Affiliated Committee	Joint Fundraisin	g Represen	tative Leadership PAC
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# Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

(h). <b>Joint Fundraisi</b> r	g Participant:		
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

(h). <b>Joint Fundraisin</b>	g Participant:			
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Full Name	ries: List all banks or othe intains funds.	e number — optional)	STATE A	ZIP CODE A

# Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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# Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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Mailing Address					
Relationship:		CITY A		STATE A	ZIP CODE ▲
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# Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

or(h). <b>Joint Fundraisin</b>	g Participant:	:				
1.			FEC ID	number	С	
2.			FEC ID	number	С	
3.			FEC ID	number	С	
4			FEC ID	number	С	
Name of Any Connected	Organization,	, Affiliated Committee, Joint I	Fundraising Repr	esentative	e, or Leadership PAC Spo	onsor
Mailing Address						
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Relationship:		CITY A		STATE A	ZIP CODE ▲	
Connected	d Organization	Affiliated Committee	Joint Fundraising	Representa	ative Leadership PAC	Spon
Full Name	by name, add	dress (phone number – option		1 1 1		
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# Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

(g) or (h). <b>Joint Fundraisi</b>	ng Participant:		
1.		FEC ID number	C
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Name of Any Connected	Organization, Affiliated Committee, Joint Fund	draising Representativ	re, or Leadership PAC Sponsor
Mailing Address			
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Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	ed Organization Affiliated Committee Joi	nt Fundraising Represent	tative Leadership PAC Sponsor
Designated Agent: Identif	y by name, address (phone number – optional)		
Mailing Address			
TITLE OR POSITION	CITY A	STATE ▲	ZIP CODE ▲
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Banks or Other Depositors safety deposit boxes or m	ories: List all banks or other depositories in whic aintains funds.	h the committee deposi	its funds, holds accounts, rents
	e's United Bank		
Mailing Address	112 Amity Road		
	New Haven	CT	06515
	CITY ▲	STATE ▲	ZIP CODE ▲

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraisin	g i aitioipant.			
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